

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Nagibe Al-Haj

Write the full name of each plaintiff.

**18CV5505**

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

OMH State of N.Y.  
Imam Zalk FL, E. Ken

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☒ Other: New York State O.M.H

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Nagibe Al-Haj  
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

702987

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Kirby Forensic Psych Center # 2 E  
Current Place of Detention

600 East 125th St  
Institutional Address

Wards Island N.Y. 10035-6095  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: OMH State of NY

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

**ZaIKFL N/A**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

**IMAM**

Current Job Title (or other identifying information) \_\_\_\_\_

**600 East 125<sup>th</sup> St**

Current Work Address \_\_\_\_\_

**Wards Island NY 10035-6095**

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 2:

**Kan N/A**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

**IMAM**

Current Job Title (or other identifying information) \_\_\_\_\_

**600 East 125<sup>th</sup> St**

Current Work Address \_\_\_\_\_

**Wards Island N.Y. 10035-6095**

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 3:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

Current Job Title (or other identifying information) \_\_\_\_\_

Current Work Address \_\_\_\_\_

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Defendant 4:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shield # \_\_\_\_\_

Current Job Title (or other identifying information) \_\_\_\_\_

Current Work Address \_\_\_\_\_

County, City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

V. STATEMENT OF CLAIM

Place(s) of occurrence: Kirby Forensic Psychiatric Center

Date(s) of occurrence: 5.10.18

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on the first Day of Ramadan the Imam I Refuse to Run Jamih Services seem he got the job at this Forensic Center he Post to Run Jamih Services But he Dose Not Run it we did Not have any one to Run Jamih Services seem 4yr ago and The same with the other Imam too.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6-13-18  
 Dated  
Nagibe  
 First Name  
Al-Haj  
 Middle Initial  
Al-Haj  
 Last Name  
600 East 125th St  
 Prison Address  
Wards Island N.Y.  
 County, City  
10035-6095  
 State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

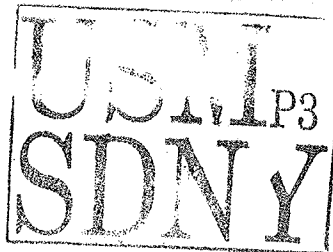
N/A

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

I Feel For my damages is cost  
is 4.5~~0~~

*Haj*  
ATRIC CENTER  
YCHIATRIC CENTER  
PLEX *2E*  
RK 10035-6095



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United State Dist. Court + House  
Southern District of N.Y.  
500 Pearl St Rm 200  
New York, N.Y. 10007

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